09324

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lawyers Hill

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge
STREET ADDRESS (If rural, give location): Lawyers Hill

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Esther Allison Brown
4. DATE OF DEATH (Month) (Day) (Year): Sept 1 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1861
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME: Robert Davidson Brown
14. MOTHER'S MAIDEN NAME: Mary Dobbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Dr. George Dobbin Brown, Elkridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr Myocarditis — 8 yrs

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis — 10 yrs
93d Decubitus ulcers — 3 mo. yrs
(c) Senility — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr arthritis — 17 yrs

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1942, to Sept, 1950, that I last saw the deceased alive on Aug 31, 1950, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr B B Brumbaugh — ADDRESS: 5609 Main St, Elkridge Md — DATE SIGNED: Sept 1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 2 1950 — NAME OF CEMETERY OR CREMATORY: Green Mount — LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG.: 9/1/50 — REGISTRAR'S SIGNATURE: R W Hedrick — 24. FUNERAL DIRECTOR: Henry W. Jenkins & Sons Co — ADDRESS: 4905 York Rd

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09325

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Mt. Airy
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Mt. Airy
STREET ADDRESS (If rural, give location): R.F.D. #5 Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) E. (Last) Mullinix

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Aug. 20, 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew D. Mullinix

14. MOTHER'S MAIDEN NAME: Susan J. Becraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: -- --

17. INFORMANT AND ADDRESS: Millard F. Mullinix, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (420.0)	(a) Arteriosclerotic heart disease	15 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (131a)	(b) Cardio-vascular-renal disease with hypertension	15 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bilateral otosclerosis	20 yrs

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1935, to Sept. 20 1950, that I last saw the deceased alive on Sept. 19 1950, and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title)
ADDRESS: M. D. Druid Theatre Building, Damascus, Maryland
DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Sept. 23 1950
NAME OF CEMETERY OR CREMATORY: Howard Chapel
LOCATION (City, town, or county) (State): Long Corner, Howard, Md.

DATE REC'D BY LOCAL REG.: Sept. 21-50
REGISTRAR'S SIGNATURE: C. Earl Mercer

24. FUNERAL DIRECTOR: Olin L. Molesworth
ADDRESS: Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
SEP 23 1950
BUREAU V. S

09326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gorman Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural give location) Gorman Road

3. NAME OF DECEASED (Type or Print) (First) John (Middle) W. (Last) Phelps
4. DATE OF DEATH (Month) Sept (Day) 19 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH July 18 1868
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman
10b. KIND OF BUSINESS OR INDUSTRY Penn. Railroad
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Phelps
14. MOTHER'S MAIDEN NAME Liza Hood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Mary Hunt, Savage, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant.

420.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vas. Disease — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Sept. 19, 1950, that I last saw the deceased alive on Sept. 18, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE Frank Shipley (Degree or title) M.D. ADDRESS Savage, Md. DATE SIGNED 9/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/22/50
NAME OF CEMETERY OR CREMATORY Savage Cemetery
LOCATION (City, town, or county) (State) Savage, Maryland

DATE REC'D BY LOCAL REG. 9/21/50
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md ADDRESS

26647

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09327

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel; LENGTH OF STAY (in this place) Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Whiskey Bottom Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel; STREET ADDRESS (If rural, give location) Whiskey Bottom Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Margaret (Last) Rudkin

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 11 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Guilford Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Lowery

14. MOTHER'S MAIDEN NAME: Asenath Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Rebecca Rudkin Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chr. Myocarditis	6 mos.
422.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteris - sclerosis	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Common Cold — 2 wks.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1st, 1950, to Sept. 27, 1950, that I last saw the deceased alive on Sept. 27, 1950, and that death occurred at 9½ A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley, M. D. Savage, Md. 9/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 9/29/50; NAME OF CEMETERY OR CREMATORY: Guilford Cemetery; LOCATION (City, town, or county) (State): Guilford, Maryland

DATE REC'D BY LOCAL REG. 9/29/50; REGISTRAR'S SIGNATURE: Frank Shipley,

24. FUNERAL DIRECTOR: De Witt Donaldson; ADDRESS: Laurel, Md.

RECEIVED
OCT 4 1950
BUREAU V. S